

# EXHIBIT G

MDOC Policy Directive 04.06.184

<p>MICHIGAN DEPARTMENT OF CORRECTIONS</p> <h1>POLICY DIRECTIVE</h1>	<p>EFFECTIVE DATE 06/26/2017</p>	<p>NUMBER 04.06.184</p>
<p>SUBJECT GENDER DYSPHORIA</p>	<p>SUPERSEDES 04.06.184 (10/13/2015)</p>	
	<p>AUTHORITY MCL 791.203, Diagnostic and Statistical Manual</p>	
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**POLICY STATEMENT:**

Prisoners diagnosed with Gender Dysphoria shall be managed as set forth in this policy.

**RELATED POLICIES:**

03.03.140 Prison Rape Elimination Act and Prohibited Sexual Conduct Involving Prisoners  
 04.04.110 Search and Arrest in Correctional Facilities

**POLICY:****DEFINITIONS**

- A. Diagnostic and Statistical Manual of Mental Disorders (DSM), Fifth Edition (DSM-5) - A classification of mental disorders with associated criteria designed to facilitate more reliable diagnoses of these disorders. The DSM-5 is published by the American Psychiatric Association (APA). In the case that the DSM-5 is revised, the most recent published version of the DSM applies.
- B. Gender Dysphoria - Refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender.
- C. Gender Dysphoria Collaborative Review Committee (GDCRC) - A committee co-chaired by the Michigan Department Of Corrections (MDOC) Chief Medical Officer (CMO) or designee and the Chief Psychiatric Officer (CPO) or designee. Other members shall include the Mental Health Services Director, Gender Dysphoria consultant(s), and the Correctional Facilities Administration (CFA) Deputy Director or designee. Other members may include other physicians, psychologists, and qualified health professionals appointed by the CMO/CPO. This group shall meet monthly (or at least 9 times a year) or more frequently as determined by the CMO or his/her designee. The roles of this committee include:
  - 1. Facilitating training and providing consultation, supervision and support to front line medical and mental health providers in Gender Dysphoria screening, provisional identification and referral for specialized Gender Dysphoria evaluation, as well as their follow-up treatment and management of Gender Dysphoric prisoners with established diagnosis and GDCRC approved management plans;
  - 2. In consultation with the onsite facility primary care provider, reviews and affirms the Gender Dysphoria diagnosis, and formulates a management plan that would include any additional medical and/or mental health assessment needs, indicated physical medical and psychiatric/mental health treatment (e.g., medications, hormones, etc.), facility and housing placements, custody classification, institutional programming and periodic follow up requirements.
- D. Intersex - A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of male or female. For example, a person may be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside, or may be born with genitals that seem to be in-between the usual male and female types. Intersex medical conditions are sometimes referred to as disorders of sex development.
- E. Prisoner Health Record - Documentation in electronic form, paper form, or any other medium that pertains to the prisoner's health.

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## GENERAL INFORMATION

- F. Communication: Staff must communicate professionally with all prisoners, including those Gender Dysphoric and other gender non-conforming prisoners. All prisoners can be addressed by their last name, without reference to gender specific identifiers and by substituting a gender neutral term such as "prisoner."
- G. When making housing and programming assignments, the GDCRC and facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner's health and safety and any management or security concerns.
- H. Searches: When a search of a prisoner is required, it must be performed in a professional and respectful manner, consistent with the security needs of the Department and in accordance with PD 04.04.110, "Search and Arrest in Correctional Facilities."
- I. Staff shall not physically examine a prisoner for the sole purpose of determining the prisoner's genital status. If unknown, it may be determined during conversations with the prisoner, by reviewing medical records or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner.
- J. To be diagnosed with a Gender Dysphoria, the prisoner must meet DSM criteria. While imprisonment provides unique challenges in the diagnosis and management of persons with Gender Dysphoria, the condition represents serious medical needs which may not be ignored. The best foundation for appropriate management and for avoiding inappropriate interventions is a prompt initial medical screening, and a referral to a psychiatric provider and/or psychologist for a thorough medical and mental health evaluation, followed by collaborative implementation of a GDCRC approved individual management plan.

## EVALUATION

- K. If a prisoner is believed to be, or self-reports that s/he is, Gender Dysphoric the medical provider shall ensure that the prisoner receives a complete medical history and physical examination. This includes a detailed genital or pelvic examination by a physician, physician's assistant, or nurse practitioner and a comprehensive evaluation by a GDCRC designated primary care physician, psychiatrist or a fully licensed clinical psychologist or a primary care physician, psychiatrist or fully licensed psychologist supervised by a GDCRC designated primary care physician, psychiatrist or fully licensed psychologist. Specific historical details, including hormone use/prescriptions, surgical sex reassignment or cosmetic surgical procedures, shall be included. Documents supporting any claims of prior diagnosis, treatment, and cross-gender living and working shall always be sought. The prisoner's own views with respect to his or her own safety shall be given serious consideration. The evaluations and the historical records shall be saved and documented in the Prisoner Health Record.

## INDIVIDUAL MANAGEMENT PLAN AND PLACEMENT

- L. If the evaluation(s) supports a diagnosis of Gender Dysphoria, the evaluator shall formulate an individual management plan in consultation with the referring integrated treatment team and GDCRC. An Individual Management Plan for Gender Dysphoria (CHJ-339) form shall be used for this purpose. The evaluator shall give consideration to all of the following in development of the plan:
  - 1. Facility placement and housing in accordance with Prison Rape Elimination Act (PREA) standards (generally single-occupancy cell);
  - 2. Access to toilet and shower facilities with relative privacy;
  - 3. Clothing/underclothing and other items available for each gender including store items;
  - 4. Characteristics of the prisoner, including stature, trauma history, tendency toward violence or predatory behavior, the likelihood of being a victim of violence or of predatory behavior or being a former victim, are relevant to placement;

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5. Need for visits to a mental health provider for supportive psychotherapy. The visits initially shall be at least every three months but may be decreased to at least twice a year at the discretion of a psychiatrist or fully licensed clinical psychologist.
- M. The Individual Management Plan, including recommended appropriate placement of the prisoner, and the medical/mental health evaluations shall be submitted to the GDCRC for review. Endorsement or revision of the Individual Management Plan may be made by the GDCRC. Once approved by the GDCRC, a copy of the prisoner's Individual Management Plan shall be provided to the prisoner, the appropriate Resident Unit Manager, and be included in the prisoner's Counselor and Record Office files, and in the prisoner health record.
- N. The prisoner shall be assessed by an appropriate medical provider, in consultation with the GDCRC, at least twice a year to determine if any changes are needed to the approved individual management plan. Any recommended changes to the plan shall be specifically identified on the Individual Management Plan for Gender Dysphoria form. The form shall be submitted for approval to the GDCRC and distributed, consistent with the requirements set forth in Paragraph M.

#### HORMONAL TREATMENT

- O. Hormonal treatment of a prisoner with Gender Dysphoria may be undertaken if:
1. The prisoner has the capacity to make a fully informed decision and to consent to treatment;
  2. The prisoner is at least 18 years of age;
  3. Any other significant medical or mental health concern(s) exist and are reasonably well controlled; and
  4. The GDCRC deems hormonal treatment is medically necessary for the treatment of the prisoner; or
  5. Other circumstances as approved by the GDCRC.
- P. Prior to beginning hormonal treatment, the prisoner shall be advised of the potential side effects and dangers of the treatment. The treatment shall begin only after the prisoner provides written informed consent to receive the treatment. Only hormones recommended by the GDRC and approved by the CMO/CPO shall be used in the treatment.

#### GENDER DYSPHORIA RELATED SURGICAL INTERVENTIONS

- Q. Surgical procedures for initiation, advancement, or maintenance of sex reassignment shall be considered on a case by case basis.

#### PROCEDURES

- R. Procedures are not required for this policy directive.

#### AUDIT ELEMENTS

- S. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self-audit of this policy pursuant to PD 01.05.100 "Self-Audits and Performance Audits."

APPROVED: HEW 05/08/2017